

# Allergy & Anaphylaxis Protocol



Name:

DOB:

Allergic To:

Weight:

Parent Contact:

Photo

**Extremely reactive to the following allergens:**

☐ If checked, use epi-pen immediately if allergen was likely eaten, for ANY symptoms

☐ If checked, use epi-pen immediately if allergen was definitely eaten, even with NO symptoms

Typical Reaction:

Treatment:

**In Case of Emergency Reaction:**

Medication Location